

5	TO BE COMPLETED BY WORKER This authorization form will not be processed without completion of this section.
	Date Fingerprinted: _____
	Full Name of Provider _____
	Worker ID # _____ Phone Number (_____) _____ - _____
	Worker's Office Address: _____
	Supervisor Name and ID # _____

**INSTRUCTIONS FOR COMPLETION OF
CFS 718-RL - AUTHORIZATION FOR BACKGROUND CHECK**

WHO SHOULD USE THIS FORM: Sections 2 and 3 of this form must be completed by relative caretakers.

Do not send a request for a Child Abuse/Neglect Tracking System (CANTS) check to Central Licensing until the person has been fingerprinted.

SECTION 1 – Please indicate if the relative applying for foster home license will be under the supervision of a private agency (CWA) or under direct supervision of DCFS.

SECTIONS 2 AND 3 - COMPLETION OF IDENTIFICATION INFORMATION

All identifying information must be accurate and complete.

PRINT ALL INFORMATION

Name Current and all former names used by the individual must be included. If no other names, write "none."
Social Security or ITN No. **THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION (ITIN) NUMBER**

Address Current and all addresses, including county, where the person has lived in the past **five** years
(If outside of Illinois, check appropriate box)

Race : Enter all codes that apply

BL/AA	Black or African American
WHITE	White
AI/AN	American Indian or Alaskan Native
ASIAN	Asian
NH/PI	Native Hawaiian or Other Pacific Islander
UNDET	Undetermined
HISP ORG	Indicate whether the individual is of Hispanic origin

Each Person must answer the question "Have you ever been convicted of other than minor traffic violation?" If yes, an explanation must be provided --- complete with date of the incident(s).

The person completing the identification information must sign and date page 1 of the authorization form.

AUTHORIZATION/CERTIFICATION

I authorize the Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search the Child Abuse and Neglect Tracking System to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. If I am or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. The child abuse and neglect background check and the criminal history investigation may be used for considering an application for license, current or prospective employment, or service as a volunteer in a child care facility. Persons 13-16 years of age signing this form authorize a search of CANTS and LEADS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential and may be shared with my placement worker or with licensing staff only in accordance with applicable state and federal law and DCFS Regulations. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny my application for licensure or may result in the termination of my employment.